PTO/SB/17 (12-04v2)

Fee Paid (\$)

Fee (\$)

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9							
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known					
		Application Number	10/615,615				
		Filing Date	7/8/2003				
		First Named Inventor	Kocken et al.				
Applicant claims small entity st	tatus. See 37 CFR 1.27	Examiner Name	R. Akhavan				
TOTAL AMOUNT OF PAYMENT	(\$) 400.00	Art Unit	1636				
		Attorney Docket No.	2183-6041US				
METHOD OF PAYMENT (check	all that apply)						
☐ Check ☐ Credit Card ☐ M	☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC							
For the above-identified de	eposit account, the Director is	hereby authorized to:	(check all that apply)				
Charge fee(s) indica	ated below	☐ Charge fee(s) indicated below, except for the filing fee					
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form ma information and authorization on PTO-2		nformation should not t	be included on this form. Provide credit card				

FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

•	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	3	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES		Small Entity
Fee Description	<u>Fee (\$)</u>	Fee (\$)

Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 180

Multiple dependent claims 360 **Extra Claims Total Claims** Fee Paid (\$) **Multiple Dependent Claims** -20 or HP (44) = 043

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) -3 or HP (4) = 2400.00 <u>200</u> Х

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY	4 6 6 7 5					
Signature	Sand 1	1 Day	Registration No. (Attorney/Agent)	55,896	Telephone	801-532-1922
Name (Print/Type)	Daniel J. Morath, Ph.	б.			Date	November 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kocken et al.

Serial No.: 10/615,615

Filed: July 8, 2003

For: EFFICIENT EXPRESSION OF PLASMODIUM APICAL MEMBRANE

ANTIGEN 1 IN YEAST CELLS

Examiner: R. Akhavan

Group Art Unit: 1636

Attorney Docket No.: 2183-6041US

NOTICE OF EXPRESS MAILING

Express Mail Mailing Label Number: EL995988119US

Date of Deposit with USPS: November 16, 2005

Person making Deposit: Timothy Palfreyman

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action of May 17, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.